

[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Notice of Directors and Officers Liability Claim

Insured: [Company Name]
Claimant: [Claimant Name]
Policy Number: [Policy Number]
Claim Number: [Claim Number]

Dear [Contact Person Name],

We acknowledge receipt of the notice regarding the claim filed against [Name of Director/Officer] involving [Brief Description of Incident/Lawsuit]. This matter has been assigned to our claims department for review.

We are currently evaluating the details of the claim in relation to the terms, conditions, and exclusions of your Directors and Officers Liability Insurance Policy. This acknowledgment does not constitute an admission of liability or a guarantee of coverage.

To assist in our investigation, please provide the following documents if you have not already done so:

- A full copy of the Summons and Complaint or written demand.
- Copies of any internal investigation reports or relevant meeting minutes.
- Correspondence with the claimant or their legal representation.
- Any other documentation relevant to the allegations.

Please note that under the terms of your policy, you should not admit liability, settle any claim, or incur any defense costs without our prior written consent.

Your claims representative will be [Adjuster Name], who can be reached at [Phone Number] or [Email Address]. We will notify you of our coverage position as soon as our preliminary review is complete.

Sincerely,

[Your Name/Signature]
[Title]
[Insurance Company Name]